

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107088710 FILING DATE	
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1
3	2	2	2	2	2	2	2	2
4	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1	1
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TOTAL IND.	1	1	1	1	1	1	1	1
TOTAL DEP.	11	11	10	10	11	11	11	11
TOTAL CLAIMS	12	12	11	11	12	12	12	12